Image# 10931772232 10/28/2010 17:17

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations (a) Name AMERICAN ACTION NETWORK							
_	(b) Address (number and street)	2. FEC Identification Number						
	(c) City, State and ZIP Code WASHINGTON	DC 2	C C30001648					
	(d) Name of Employer or Principal Place of Business		(e) Occupation					
3.	Is This Statement or Amended	4. Covering P	Period through					
5.	(a) Date of Public Distribution(s) 1 0 /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(b) Communication Titlefirst					
6.	The filer is a(n): (a) Individual (b)	Unincorporated Organization	n (c) Qualified Nonprofit Corporation (11 CFR 114.10)					
_	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) X Other, specify:							
7.	Were the disbursements for the electione from donations to a segregated bank acceptable.		Yes No No					
8.	Custodian of Records (a) Name							
	stephanie fenjiro							
	(b) Address (number and street) 1401 NEW YORK AVENUE NW STE 1200							
	(c) City, State and ZIP Code							
	washington	DC	20005					
	(d) Name of Employer or Principal Place of Business		(e) Occupation					
	american action network		administrator					
9.	Total Donations This Statement		.00					
10	.Total Disbursements/Obligations This Sta	itement	149700.00					
	Under penalty of perjury, I certify that this statement is true, correct and complete.							
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM stephanie fenjiro							
	SIGNATURE Electronically Filed by stephanie f	enjiro	DATE					

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

FE3AN038.PDF FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE 2/3

A.	(a) Name rob collins		Transction ID : F91.000001
	(b) Address (number and street) 1401 NEW YORK AVENUE NW STE 1200		
	(c) City, State and Zip Code		
	washington	DC	20005
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	american action network		president

FE3AN038.PDF FEC FORM 9 (Rev. 12/2007)

Disbursement(s) Made or Obligations

Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
wf of r media				
Mailing Address of Payee				
411 branchway road			Amount	
City	State Zip Co	de	149700.00	
richmond	VA 23236		Communication Date	
Name of Employer	Occupation	n	M M / D D / Y Y Y	
tv ad prod/air time purch	·			
	()	Transction ID: F93.000001		
Purpose of Disbursement (including	title(s) of communication(s))			
first				
Name of Federal Candidate	Office Sought: X House	State: WV	Disbursement/Obligation For: 2010	
mike oliverio	Senate	J. 10.10.	Primary X General	
F94.000002	President	District: 01	Other (specify)	
Name of Federal Candidate	Office Cought:		Disbursement/Obligation For:	
	House Senate	State:	Primary General	
	President	District:	Other (specify)	
Name of Federal Candidate	Office Sought: House	State:	Disbursement/Obligation For:	
	Senate	District:	Primary General	
	President	District.	Other (specify)	
SUBTOTAL of Disbursement/Obliga	149700.00			
TOTAL This Period (last page this l	149700.00			

FE3AN038.PDF FEC FORM 9 (REV. 12/2007)